

Helping Angels Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 20, 21 and 22 November 2017. Helping Angels Ltd is registered to provide personal care support to people living in their own homes in the community. People who used the service had physical health needs (some of whom were living with dementia), and younger adults and children with disabilities. At the time of our inspection, 102 people were receiving personal care support. This announced inspection was carried out by one inspector and an expert by experience. The expert by experience had knowledge of care services including domiciliary services.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 21 November 2016, we asked the provider to take action to ensure they were following guidance when people were not able to make decisions about their care. They sent us an action plan on 4 April 2017, and at this inspection, we found the action had been completed. At the last inspection, the service received an overall rating of 'requires improvement.' At this inspection, the provider had made the improvements needed, and is now rated overall as 'good.'

People were safe receiving support from staff who understood how to protect them from abuse. Risks to individuals were managed and staff knew how to reduce the risk of harm. There were enough staff to meet people's needs and keep them safe, and people were supported by a regular team of staff. The provider followed safe recruitment practices to ensure staff were suitable to work with people. When people needed support with the medicines, this was done safely. People who used the service and staff were protected by the prevention and control of infection. The provider took action and made improvements when practice issues were identified.

The provider followed guidance when people were not able to make decisions about the care they received. Staff understood how to put this guidance into practice. People were supported to have maximum choice and control of their lives. When able to, people had consented to receiving care and staff gained their agreement prior to assisting them. People's needs were assessed and their support was delivered in line with current guidance. Staff had the skills and knowledge to provide effective care to people. People were supported to maintain a balanced diet and access healthcare services when needed. The provider worked with other organisations to enable people to receive co-ordinated care and support.

People were treated with kindness, and staff knew people and their families well. Staff were able to communicate well with people, and understood how to do this if people did not use spoken language. People were able to make decisions about their care and staff listened and respected their choices. Staff had the time to provide support in a compassionate and understanding way. People's dignity was maintained, their privacy respected, and their independence promoted. The support people received

enabled them to maintain relationships that were important to them.

People contributed to the planning and review of their care. They received support that was individual and their care records were personal to them. When needed, people's care records were adapted to make them easier for people to understand. People knew how to raise concerns or complaints. They were confident to do this, and the provider took timely action to deal with any issues. The provider expected staff to have a caring and non-discriminatory approach to people who used the service and their colleagues.

There was a registered manager in post who understood their responsibilities. The service was well-led, and staff and people who used the service were clear about the different roles people had. Staff were motivated and supported to do their jobs, and the provider encouraged them to contribute to the development of the service. People and their relatives were able to share their experiences about the care they received. The provider had made links with the local community and considered ways to develop the service in the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe with the support they received. Staff understood how to safeguard people from potential harm and abuse. Risks were assessed, monitored and reviewed, and staff were given guidance to ensure risks were managed. There were enough staff to meet people's needs, and the provider's recruitment process ensured staff were suitable to work with people. People were supported to take their medicines as prescribed, and staff received training to do this safely. People and staff were protected by the prevention and control of infection, and the provider took actions when practice issues were identified.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions about their care, and staff gained people's consent before they assisted them. People's needs were assessed, and their preferences and choices were taken into account. Staff had the knowledge and skills they needed to carry out their roles effectively. People were supported to have a balanced diet and their physical wellbeing was promoted. When people moved between services, this was planned to ensure it went smoothly.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with the staff who supported them. They were supported by staff who knew them well, and staff understood how to communicate effectively with them. People were in control of their lives and the support they received enabled them to maintain relationships that were important to them. Staff had the time to provide support that was caring and compassionate. People's independence was promoted, their dignity maintained and their privacy respected.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning and review of their care. Their views were respected, and the care they received responded to their changing needs. People received support that was individual to them, and care records were adapted so that people could understand the information that was included. People knew how to raise any concerns and were confident that any issues would be dealt with. The provider expected staff to have a non-discriminatory approach to care, and was committed to promoting equality.

Is the service well-led?

The service was well led.

The registered manager was supported by a team of senior staff and the roles staff had were clear to people. Staff were motivated in their work and supported to carry out their roles. People and staff were encouraged to be involved in the development of the service, and their feedback was listened to and acted upon. The provider had made links with the local community and was enthusiastic about how the service would develop. The registered manager understood their responsibilities as a registered person.

Good ●

Helping Angels Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following the last inspection in November 2016, we asked the provider to complete an action plan by 21 January 2017 to show what they would do and by when to improve the key questions 'is the service effective' and 'is the service responsive,' to at least good. At this inspection, we found the provider had made the improvements required, and the service is now rated as 'good,' in all five key questions.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, younger disabled adults and children. We gave the service four days' notice of the inspection site visit because we needed to gain agreement from people who used the service to visit them in their homes, and to arrange telephone interviews.

Not everyone using Helping Angels received the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care; this is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The inspection site visit activity started on 20 November 2017 and ended on 22 November 2017. It included conducting home visits and speaking with people who used the service and some staff by telephone. We visited the office location on 21 November 2017 to see the registered manager, office staff and care staff.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. We reviewed the planning tool we completed that detailed information about the service. On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited four people (two of whom had a relative with them) in their homes, and spoke with a further six people who used the service and one relative by telephone. We spoke with six members of care staff, one coordinator, the development officer and the registered manager. We looked at the care plans of four people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited. We checked records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. To ensure the service was continuously monitored and reviewed we looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

People were safe receiving support. One person told us, "Yes, the service is very safe and we have no concerns at all." Another person commented, "I feel safe and I can trust the staff who come. I have no worries." One relative said, "I was very reluctant to allow anyone to take care of my relations for me, so I struggled to begin with; but it has been wonderful. I have complete confidence that they are in safe hands, which means I get a break and have complete piece of mind."

Staff understood how to safeguard people from potential harm and abuse. One staff member told us, "We all have training about safeguarding adults and children. We know about the different types of abuse that can happen and know what to look out for." Staff were able to explain how they would recognise potential signs of abuse, and told us they would be confident to report any issues. We saw the registered manager had taken action when they were aware of potential safeguarding concerns and had notified the relevant authorities.

Risks to people were assessed, managed and reviewed. Some people needed to use equipment to help them with transfers. One person told us, "They hoist me and I feel entirely safe with the process." Other people were unsteady on their feet. One person commented, "I feel safe with the carers as they always walk behind me." One relative said, "The carers are very good; they know how to support my relation safely when they get out of bed. I know they feel safe with the support they are getting. The staff always tell them what they are doing so they know what to expect." Staff we spoke with confirmed that they were trained on how to move people safely. One staff member told us, "If we have concerns about manual handling, like if someone's condition deteriorates, then the office will get the professionals in to look at alternative ways of supporting the person. That has just happened for one person I see." The records we looked at gave staff guidance as to how they should assist people to reduce the risk of harm.

We saw that various other risks were effectively managed. Some people were at risk of developing sore skin. One relative told us, "The carers will make sure my relation is sitting on the special cushion they have. I know how important it is for my relation's skin to be kept healthy, and since having this help there have been no issues." Some people who used the service had complex and challenging needs. One relative told us, "The staff are very well trained to deal with those needs. They have even taught me things to help manage challenging situations. They know what my both my relations need and exactly how to support them." One staff member said, "Learning how to support people who can be challenging was so important, and the training we had was very good. We can not only protect ourselves, but prevent things from happening in the first place." We saw that people had relevant assessments in place to give staff guidance to know how to minimise any potential risks. The provider had also considered any environmental risks in the home prior to people receiving support. We saw that information was reviewed to ensure it was up to date. This demonstrated that people were supported to stay safe and risks were effectively managed.

There were enough staff to meet people's needs and keep them safe. One person told us, "The staff are always on time and often stay longer if they need to." Another person commented, "They stay for the correct time. I'm not rushed, and if we have finished a bit early, they won't just leave. They will stay till the end and

we have a chat." Everyone we spoke with said they had a regular team of staff who would visit them. Another person commented, "They are reliable; I know who's coming and when to expect them as I have a rota sent out. There may be occasions when they run late, but that is to be expected with traffic. If something happens I will be told that they will be a bit late getting to me." Staff told us they were given travel time to get to their visits, and that they tended to work in set geographical areas. Staff confirmed that they would not be asked to fit additional calls in; this meant they were not under pressure to cut call times with people.

We checked to see how staff were recruited. One staff member told us, "Once I was successful in getting the job, I had to get two references, with one from my last employer. I also had to show them my driving licence, insurance and MOT as I would be using my car for work. They made sure I had an up to date disclosure and barring service (DBS) check before I could start." The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. The staff record we looked at confirmed that the necessary checks had been completed. This included employment histories and people's identity. This demonstrated the provider followed safe recruitment practices.

Some people needed support to take their medicines as prescribed. One person told us, "They prompt me with my medication and are reliable in doing so. All the medicines are managed well and recorded properly." Another person commented, "They deal with my medication and they are very on the ball with it." One relation said, "They ensure my relative has their tablets as they used to forget them. That doesn't happen now." When staff assisted people with their medicines, records were kept showing that the medicines had been administered. If people needed support to administer topical creams, staff completed a body map that showed where to apply the lotion. Other people were able to self-administer their medicines. One person told us, "I manage my tablets myself, and they are quite happy for me to do this. That was never an issue." Staff confirmed they received training prior to being able to administer people's medicines. They were able to describe the safe working practices they would follow. We saw the provider had arranged specific training for staff to ensure they were competent to administer certain medicines for people's conditions when these were prescribed. For example, to help people recover from epileptic seizures.

People who used the service and staff were protected by the prevention and control of infection. One staff member said, "We are never short of anything we need. The office staff check that we are wearing the gloves and aprons when they do the spot checks. When I started, I was told how I should protect myself and the people I visit." One person told us, "They carry company rucksacks which contain protective equipment, and these are worn appropriately."

The provider ensured that actions were taken and improvements were made when practice issues were identified. For example, one staff member had been made a 'medicines champion.' This meant that they had the responsibility to ensure that medicines were administered safely and the safe working policies were adhered to by staff. Part of their role was to complete audits in relation to the medicines administration records as well as conducting observed practice sessions with staff. The registered manager explained, "We needed to improve the way that we managed people's medicines to ensure all staff were doing this correctly. By having the one member of the team take responsibility for this, it means that we can respond to any practice issues immediately." We saw that when staff required refresher training, this was provided, and issues were also dealt with in one to one sessions with staff.

Is the service effective?

Our findings

At our previous inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured they followed the guidance available when people were not able to make certain decisions for themselves. We also found that staff did not have a working understanding of the Mental Capacity Act 2005 (MCA). We told the provider to make improvements, and at this inspection, we found the required improvements had been made.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection when needed, and if orders have been granted, the provider must comply with these.

Some people were not able to make certain decisions about their care and support. For example, in relation to having support at home or making decisions about their medicines. We saw that when this was the case, the person's capacity had been assessed. Their ability to make specific decisions had also been reviewed to reflect their situation. When needed, people that were important to the person had been involved to ensure that decisions made were in their best interests. We saw that when other people had been authorised to make certain decisions on behalf of their relative, evidence of this had been sought by the provider.

Staff demonstrated an understanding of the MCA and how this could impact on their work. One staff member told us, "When we first go to see someone, we look in their care plan and that will tell us if people are able to make their own decisions about their support. We may visit someone who is having a bad day because they are unwell. But we know it is in their best interests to have something to eat before they have their medicines. So we will support them to do that." Another staff member said, "We have to respect that the person has capacity to make their own decisions until it's shown otherwise. It can be difficult if a family member says that their relation can't make certain decisions, but we know they can. So we have to stand up for the person and their right to choose." Another staff member explained how they had been involved in discussions with families as their relations moved into adulthood. They said, "It can be difficult for some, as they have been so used to making decisions for their loved one when they were a child; but now they have to consider how this should be done as they become an adult."

When able, people had agreed to receive the support. One person told us, "It was my decision to have this help, and my family listened to what I said." We saw that people had demonstrated their agreement to receiving care by signing their care plans and service agreements. Staff gained people's consent before they assisted them. One relative told us, "They will always ask if it is alright for them to come into the house. Then they will continue to check with my relation that they are happy with what they are doing."

People's situations were assessed in line with current guidance. One person told us, "What I like is they focus

holistically on my relation as well as myself. We are dealt with as a family, not just a list of needs." One staff member said, "It's all about the individual, and looking at the big picture. We want the positive outcomes for people in their lives, and have to respect the choices people make." We saw that information was gathered before people received support, and this included details about their preferences regarding their care. Staff were also given details about the person that gave an insight into their life stories and what was important to them. People's independence was promoted by the use of special equipment and technology. One person told us, "The life line call system I have is a real help. Without that I wouldn't be able to call for assistance in an emergency. It gives me the confidence to remain in my own home."

People were supported by care staff who had the skills needed carry out their roles. One person told us, "We have complex needs; and we have a complete care package which covers all we need as a family unit. Staff are trained well; their training is good and very much ongoing." Another person commented, "They know me and provide for all my needs." One relative said, "The staff think about what my relation needs; they use their common sense and know what they are doing."

Staff received an induction, and one staff member said, "When I started, I spent a couple of weeks shadowing the more experienced staff. By the end I felt really confident to go out on my own. Not only that, but it also meant that people felt relaxed when I arrived as they had got to know me." One relative told us, "If there is a new member of the care team, they will be introduced and shown what to do by another carer who knows my relation well." Staff confirmed that they had to complete a six month probationary period before their contracts were confirmed. One staff member told us, "Even though this takes a while, we get lots of support and opportunities to continue learning. They just want to make sure they have the right people to do the job. Our ability to do this work is continually checked."

We spoke with the registered manager about the use of the Care Certificate within the induction process. This has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us that they had received feedback from some staff that they found this format quite difficult to follow. They explained, "What we have done is deliver workshops for the staff on each of the standards covered by the certificate. This has helped staff (particularly those whose first language is not English) to learn and understand the key elements of this. The feedback has been good and we will continue to use this as a way of developing the staff's skills."

Staff described the various training they received. One staff member told us, "There is a lot of training available, and some of it is repeated each year to make sure we haven't forgotten anything. There may also be new ways of doing things that we have to know about." We saw that staff attended specific training in relation to the people they supported. One staff member said, "It makes us feel valued as we are trusted to assist people with quite complex needs. Without the right training, we wouldn't be able to do this." The provider kept up to date records that identified when staff training was due. This enabled them to plan a training schedule in a timely manner. This demonstrated that staff were encouraged to develop their skills, and people were supported by staff who had the knowledge to provide effective care.

Some people required support to ensure they had enough to eat and drink. One person said, "I choose my own meals and the family sort the shopping out. But the carers will always make sure they get the meal ready for me. They will always leave me with a drink close by and will check that I have had enough before I go." One relative told us, "My relation tends to leave their food unless they are encouraged to eat. The carers make sure they have their meals." Some people who used the service were not able to have their food orally, due to the risk of choking. One staff member told us how they would support a person who had a percutaneous endoscopic gastronomy (PEG) tube fitted. A PEG is a flexible feeding tube that allows

nutrition, fluids and/or medication to be put directly into the stomach. They explained, "I thought it would be quite difficult to manage, but I was shown what I needed to do, and know how to make sure it was all done correctly. The care plan also clearly says how to do this." This meant that people were supported to maintain a balanced diet.

Some people were moving between services, for example from children's to adults. One staff member told us, "This time of transition can be very difficult for the young people as well as their families, but it helps that we have supported them at school, and then into adulthood. We get to know people over time, and that can be re-assuring for the families as well." Another staff member commented, "We work closely with the social workers and health teams, so that when people move into adult services, that goes as smoothly as possible." We also saw that when people returned home from a hospital stay, staff were updated about their needs. One staff member told us, "The system works really well; if someone is coming home, the manager will visit them and get the up to date information about their care. Then we get e mails to tell us about any changes in their care or with the medicines they have. Then we can visit them with confidence as we know what to expect." This demonstrated the provider worked together with other organisations to deliver effective support to people.

People were supported to live healthier lives. One person told us, "The carers are so good; they will notice if I'm looking a bit under the weather and suggest that I call the doctor." Another person said, "I wasn't feeling too well, and the carer went out to get my prescription for me." One relative commented, "They will let me know straight away if they have any concerns about my relation; they notice the smallest changes and that means we can get the help needed straight away." We saw that referrals had been made to a variety of healthcare professionals when required, and these had been done in a timely manner.

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff who supported them. One person told us, "They are very considerate and kind; and in fact they are like a family to me now." One relative said, "My relation rarely shows affection, but will always give their care worker a hug when they come. It is unusual, so it is lovely to see their relationship. They have a real bond." People looked forward to the care staff visiting them. One person told us, "They will come in with a happy face, and as they come through the door my spirit is lifted." People were given emotional support by staff. One person commented, "The staff are helpful, and when I was upset following a bereavement, they stepped in quickly to help; for which I was very grateful."

Staff knew people well, and one person told us, "We know all the staff team now." Another person said, "They know my relation inside out." One staff member commented, "One of the good things about working here is the continuity of care people get. We're not walking into a stranger's house every week; we get to know the people we support. That's good for us, and more importantly good for the people." The provider supported staff to use accessible ways of communicating with people who did not use verbal language. For example, staff were issued with toolkits (such as picture cards) that they used to help them communicate effectively with some of the people they supported. Some staff had also been trained to use Makaton. This is a sign language that is sometimes used to assist people with learning disabilities to express themselves. One staff member commented, "How can we be caring if we don't know how to speak with people or understand what they are trying to tell us?"

People were supported to be actively involved in making decisions about their care. One person told us, "I get all the help I could ask for. They always offer me a choice and jolly me along nicely." Another person said, "The carers will listen to me and what I say. They will check that everything is okay, and ask if I want anything else doing before they leave." People told us they were listened to by staff, and one person commented, "Nothing happens without my say so, and the carers respect that." Staff we spoke with demonstrated their understanding in relation to people being in control of their lives. One staff member told us, "At the end of the day, it is up to the person we visit. We are guests in their homes, and should always remember that."

People told us that they were enabled to make links with other community organisations that could assist them. One relative told us, "The office staff were really helpful when I needed some advice. They put me in touch with the local association who could give me the support I needed. I wouldn't have known about them unless the staff had told me."

Staff were given the time to provide care to people in a compassionate way. One staff member told us, "The rotas are planned so we have the time to spend with people. Sometimes we don't have a lot of control over this, as it can depend on what the funding agencies say people's needs are. But if we feel there is not enough time to do what we need to do in the right way, we will raise it. Just recently, someone I see has had their time increased."

Staff understood how to support people so that their dignity was maintained. Staff described the ways they would do this when assisting people with their personal care needs. One person told us, "Staff are respectful

at all times; and more so than any other service we have used." Another person commented, "The staff are very professional and will always protect my dignity with personal care."

People's independence was promoted. One person told us, "If they know I can do something for myself, then they respect that. They even help me to go for a walk if I want to." Another person commented, "The carers will only do the things I'm unable to do for myself. That's important as I want to be as independent as possible. The last thing I want is people taking over. None of them do that." One staff member told us how they used the kitchen area of the office base to support people to develop independent living skills. They said, "These are really good sessions for people, and when we also have the more accessible base, even more will be able to benefit. We have to think about how we help prepare people for the future."

The support people received enabled them to maintain relationships that were important. One relative told us, "Things are so much easier and better now; the help my relation gets means that I can be a family member as opposed to a full time carer. It's so much better for my relation as I am not assisting them with personal and private things."

Is the service responsive?

Our findings

At our previous inspection, we told the provider to make improvements to ensure that people received consistent care from the staff who supported them. We also found that staff did not always have the information they needed to provide individualised support to people. At this inspection, we found that the required improvements had been made.

People contributed to the planning of their care. One person told us, "We have our care plans in the house and were very much involved in their content." Another person said, "When I first started having the help, they came to the house and asked me about everything I needed support with; what I could do myself, and what was important to me." One relative commented, "Before the care started they checked to see what time my relation preferred for the calls. If we have needed to change this, they have been very obliging and sorted something out." Another relative told us, "I was amazed at the information they took when they first came to visit. They were very thorough making sure it was all about how my relation wanted things done." People's views were respected regarding the care they received. One relative told us, "We asked for women to support my relation as that is what they preferred. And that is what happens." One staff member commented, "The big thing about working here is person centred care. What do the people we support want out of their lives, and how do they want it to happen." This demonstrated that people's wishes and preferences were taken into account when their care was arranged.

People's care was reviewed, and one person told us, "They came to review my care plan recently; they discussed everything with me." One relative commented, "We have care plans in the house and they are regularly reviewed." One person told us how they had required the support of two staff when they started receiving support. They explained, "To begin with I needed more help, but as I got stronger and more mobile, I didn't need that much. Now it is just the one carer who assists me. They have helped me to be where I am today." One relative said, "We had a review of the care plan a couple of weeks back; things had changed for my relation and so their care had to be altered. This was all done quickly." This demonstrated that people received care that was responsive to their changing needs.

The care records we looked at were individual to people and contained information that was personal to them. Staff told us how the care plans gave them the information they needed to provide support to people. One staff member commented, "We are always getting e mail updates about people's support from the office; the communication is there every day." They added, "Each care file also has a front sheet that gives the key information about the person, so we're not going in blind. The care file has all the information we need to support people. The office staff are hot on that." The provider had considered how people communicated. We saw that some people's care plans were written in a format that would be easier for them to understand. For example, by using pictures and symbols. The registered manager showed us how the care records were now stored in a secure electronic system. This enabled them to send out any updates to care teams as soon as any amendments were made.

At our previous inspection, some people told us they did not feel confident to give feedback about their care or raise concerns. At this inspection, we found the required improvements had been made.

People were encouraged to raise concerns and complaints. One person told us, "They invite me to discuss any concerns I have, but I have only needed to complain once. Then they dealt with it properly and promptly." Another person said, "I know how to complain if I need to, but I have no reason. The manager does come out to visit and always checks that I am happy." A third person commented, "The manager always asks if I have any problems. If I had any worries I would feel comfortable talking about them to her." This demonstrated that people found it easy to raise any issues, and that they were happy with the way their concern was dealt with. People's voice was listened to and their feedback encouraged. One person told us, "The company is brilliant and always pleasant if you ring them. I feel my opinion is valued and I can't thank them enough." Another person commented, "You do always feel you can contact them to discuss anything; and in anything that you speak to them about they will go out of their way to fix it. They are very easy to speak to." The provider had a complaints policy in place. We saw when complaints were made they had responded to them in line with their policy. This demonstrated there were systems in place to deal with concerns or complaints.

The provider had a policy in place entitled, 'Tackling discrimination and promoting equality.' This was for the people who used the service in addition to the staff employed. This emphasised that the provider was opposed to any form of discrimination in relation to people's protected characteristics. For example, age, disability, gender reassignment, race religion or belief and sexual orientation. This encouraged staff to have a caring and non-discriminatory approach to people who used the service and their colleagues. One relative told us, "The company is great in offering equal opportunities to their staff." We saw that the provider had employed some of the people who used the service to support them in service delivery. They were actively looking to see how people could be involved in the recruitment process for new staff. We saw that staff attended equality and diversity training to embed the principles of equality and diversity. One staff member told us, "We would not be able to understand people's needs fully if we didn't look at them as a whole person."

At the time of our inspection, the provider was not supporting people with end of life care. However, we were made aware that a specific staff member had been made an 'end of life champion.' The registered manager told us, "We are looking at how we can develop this role further, and recognise the importance of developing our skills in this area. We want the staff team to be able to support people at this time in their lives in the best way possible. It's all about listening to what people are telling us they need and responding to that for each person during that time."

Is the service well-led?

Our findings

There was a registered manager in post, and the service was well led. One person commented, "There are several senior staff; and I think it is very well-run. They are without doubt the best company I have dealt with, and I have recommended them to several people." Another person said, "I know who the manager is, and I know there is always someone you can speak to. I can't recommend any improvements as everything is spot on. It is a well-run company." One staff member commented, "The difference working here and other places I've been at is enormous; I feel respected for what I do."

At our last inspection, the provider had made the decision to put a hold on accepting new referrals for people to receive the service. This was because they recognised they needed to ensure they had the staffing and support to provide consistently good quality care to people. At this inspection, the provider explained how they had now achieved this. They said, "I wanted to make sure that all the staff were settled and everyone was clear in their roles. After we moved office base, we started to increase in size. It is working really well. It is a good team and everyone knows what is expected of them. I have the support I need, and we all work well together." One staff member told us, "Now that the team in the office is there, we are all very clear who does what and who we need to go to for specific help or advice. It works really well, and has meant that the service people get is better."

The registered manager and office staff were available to people. One person told us, "They are approachable and always very helpful. Everyone is very good and caring." One relative commented, "They are all just so good in the office. They are friendly and I have complete faith in them. To be honest, after my initial reluctance, I can't believe how amazing they are." One staff member said, "I don't want to work for a company that wants calls done as quickly as possible; working here I am given the time to talk to people. If I can leave their home with them feeling better, then that's a good job done."

Staff felt motivated in their roles. One staff member told us, "I was so pleased to get the employee of the month award recently. It is really appreciated when we get recognition for the work we do." Another staff member said, "I just really enjoy going to work in the morning. We have a great team, and we are all there to help each other." Staff were supported, and one staff member commented, "The help I have had from the manager and all the staff has been second to none. There is excellent communication between the staff out in the community and the office. We have regular supervision sessions which gives us the opportunity to discuss any issues and look at our future development." Staff were also aware of the whistle blowing policy. This is a policy that supports staff should they need to raise concerns about the conduct of their colleagues. One staff member told us, "I have never had the need to raise anything, but we are all fully aware that we can do this, and would have no hesitation to report any poor practice I saw." This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

The provider encouraged staff to be involved with the development of the service. One staff member told us, "We are in the process of completing a staff survey at the moment. We are asked how we are getting on, what training we need, and if we can suggest any improvements for the service; not only for the staff, but for the people who we assist. I do think it's good we are asked for our thoughts and opinions." Another staff

member said, "We are encouraged to share our ideas, and I know my suggestions are welcomed. The management are always willing to listen."

People and their relatives were encouraged to give their feedback about the support they received. One person told us, "The manager will often be in touch to see how things are going and if there is anything else they can do for us." Another person said, "We are asked to complete surveys and are given information about what people have said and what action has been taken. They are very open about things and do want to provide the best care they can."

The provider had made links with the local community, including one of the football teams. The registered manager told us, "I am now a board member and we pioneer disability issues. We provide a staff member free of charge to support people to attend the home matches." We saw they had been involved in meetings with the development manager of the football club.

The registered manager was enthusiastic how the service would develop in the future. They told us, "We need to be ever evolving and changing." They explained how they were developing an additional base that was more accessible for people with physical disabilities. They added, "We have to think about the outcomes for the people who we support, and how we can really make a difference in their lives." The registered manager had effective systems in place to assess, monitor and review the quality of care people received. This included care plan, medicines and incident audits. We saw that a colour code was used to highlight where any actions were required, and this enabled them to prioritise the work that was needed. The registered manager then reviewed this information to identify any trends.

The registered manager (who was also the provider) understood their responsibilities as a registered person. They had informed us about any significant events that had taken place within the service. They kept up to date about any changes regarding the current regulatory guidance. We saw they had recently attended a workshop where our new key questions and ratings characteristics were explored. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the office and on their website.